FOR INSTRUCTIONS, SEE BACK OF FORM	FORM
DISCLOSURE SUMMARY PAGE AND DE LA STRICT	DR-2 DISCLOSURE REPORT
COMMITTEE NAME (Must be same as on Statement of Organization)  Turndy Dunly Dente Nate, Central Committee  IMPORTANT: Indicate type of committee you are reporting for:  (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates	For Office Use Only  Comm. # 9076  Indexed 5  Audited  Computer
SIGNATURE (or person filing this report) TELEPHONE	5-19-10 DATE SIGNED
Routine Penalties Due For Late Filed Reports Range from \$	20 to \$800
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	
report date)  REPORT FOR AN/A (1) ELECTION Indicate of	
CHECK IF AMENDMENT TO REPORT DATED Local Co	ommittees, enter Date of Election
	& Local Committees, enter County in ection is held
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	741.41
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A)	103.00
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL \$	8 04 41
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B)	247.99
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	556. 42
INDAID BILLS (Emm Schodule D. Abrell Oched ). D.	

## For Instructions, See Back of Form

## CONTRIBUTIONS -- MONEY TAKEN IN

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SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

(Including candidate's personal funds)

COMMITTEE N	AME	(Must be same as on Statement of Organization)	,
11	. /	7 1	`~
Muna	4	Tourty Demoustic Certral Con	rmelle

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
3-13-2010	ID# CK#	County Convention Fees		\$ 40.00	
3-13-2010 3-13-2010	ID# CK#	County Convention Fees donations at County Conv		23.00	
	ID#				
	ID# CK#				
	ID# CK#				
	ID# CK#	;			
	ID# CK#				
	ID# CK#			,	
	ID# CK#				
	ID# CK#				
		L	SUB-TOTAL	. / 2 2	

TOTAL (if last page of this schedule)

\$63.00

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF ENDING FORM

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
Grund	y County	Democratic Central C	Committee	
DATE EXPENDED (MM/DD/YR)	O CANDIDATES ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-31-10	CK#763	mid america Publishing Do Box 245 Mrundy Centur, Sq 50638	Caucus ad	\$ 25.60
1-31-10	1D# CK#764	Conrad Record 104 N mainst, Box 190 Conrad Ja 501021	cause ad	48.00
2-3-10	ID# CK# 765	Tana/Grundy Pulleshing POBOX 309 Marshalltown, Sa 501	Caucies ad "	26.84
2-25-10	ID# CK# 766	Yrundy Community Cuts 1301 12th St Greendy Center Sasos Clarissa Nicholson	building rent	50.00
2-25-10	CK# 761	Clarissa Nicholson 503 Randall St Reinbeck, Ja 50619	Concention plt printing	9-55
5-11-10	D# СК# 7 6 8	morison Postmanter Pober 9998 Morison Ja50657	stamps	88.00
	ID# CK#			
	ID# CK#		·	
			SUB-TOTAL	\$247.99

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page of	raye	of .			
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TOTAL (if last page of this schedule)